

REPORT OF NON COMPLIANCE

NAME OF FACILITY MELBOURNE WASTE WATER TREATMENT PLANT
PERMIT NUMBER AR0020036 001-A
PERIOD ENDING August 2013

PARAMETER VIOLATED	TSS LDG MO AVG	TSS CONC MO AVG	TSS CONC 7 DAY AVG MAX	FECAL 30DA GEO	FECAL 7 DAY GEO	C/BOD LDG MO AVG	C/BOD CONC MO AVG	C/BOD CONC 7 DAY AVG MAX
REPORTED VIOLATIONS	709.2	384.5	750.0	308.0	1200.0	77.3	<42.1	82.2
PERMIT CONDITION	51.0	15.0	22.5	200.0	400.0	34.0	10.0	15.0

WEEK OF Aug 07 13 Aug 07 13 Aug 07 13

Please fill out the following information

CAUSE OF VIOLATION excessive amount of rainfall

DURATION OF VIOLATION approx. one day

CORRECTIVE ACTION when rainfall stopped the influent subsided back to normal levels

EXPECTED COMPLIANCE DATE it was back to compliance day after violation

Roy Oak 9-16-13
SIGNATURE / DATE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING LABS)
 ADDRESS: 3301 LANGLEY DRIVE
 SEARCY, AR 72143
 FACILITY: MELBOURNE, CITY OF-WWTP
 LOCATION: HWY 9 SPUR; W OF CITY
 MELBOURNE, AR 72556
 ATTN: COY DALE, WATER & WW SUPT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

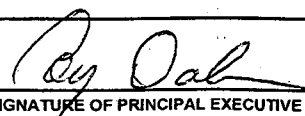
AR0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

Form Approved
 Prepared by ARKANSAS TESTING LABORATORIES, INC
 DMR Mailing ZIP CODE: 72143
 MINOR Searcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C		77.3	*****		*****	<42.1	82.2		1	2/31	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	34 MG AVG		lb/d		10 MG AVG	15 7-DA AVG	mg/L		1 twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
COY DALE TYPED OR PRINTED			870 368 4215	9-16-13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

City of Melbourn
P.O. Box 800
Melbourn, AR 72556

LITTLE ROCK AR 722

17 SEP 2013 PM 2 L



ADEQ
NPDES Enforcement
5301 Northshore Drive
North Little Rock, AR 72118

72118531799

